

L20000 161581

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

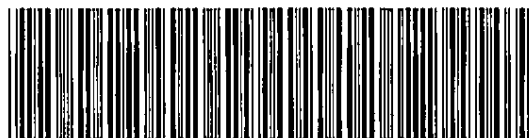
(Business Entity Name)

(Document Number)

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2020 OCT -6 AM 10:55  
TALLAHASSEE, FL  
CLERK OF STATE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PRO EVOLUTION MAINTENANCE LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROCKIE DOBSON

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

5711 NW 54TH TERRACE

\_\_\_\_\_  
Address

TAMARAC, FL 33319

\_\_\_\_\_  
City/State and Zip Code

AHSBIZ@GMAIL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROCKIE DOBSON

561 385-6886

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

PRO EVOLUTION MAINTENANCE LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 06/11/2020 and assigned  
Florida document number L20000161581.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

5711 NW 54TH TERRACE

TAMARAC, FL 33319

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5711 NW 54TH TERRACE

TAMARAC, FL 33319

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

ROCKIE DOBSON

New Registered Office Address:

5711 NE 54TH TERRACE

*Enter Florida street address*

TAMARAC

Florida 33319

*City*

*Zip Code*

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	OMAR D PEREZ	872 STERLING PINE PLACE	<input type="checkbox"/> Add
		LOXAHATCHEE, FL 33470	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GARY DOBSON	5711 NW 54TH TERRACE	<input checked="" type="checkbox"/> Add
		TAMARAC, FL 33319	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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2020 OCT - 6 PM 10:58  
CLERK OF STATE  
TALLAHASSEE, FL

2020 OCT -6 AM 10:56  
CLARK COUNTY FL  
CLARK COUNTY FL

FILED  
2020 OCT - 6 AM 10:56  
CLERK OF STATE  
TAMM-SEEL

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated SEPTEMBER 30TH 2020

Signature of a member or authorized representative of a member

ROCKIE DOBSON

Typed or printed name of signee

**Filing Fee: \$25.00**